

| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>  |            | Docket Number (Optional)<br>22409-00107-US |              |  |            |                         |  |  |       |      |          |  |       |       |              |   |        |       |          |  |        |       |          |  |        |        |          |
|--|------------|--|--------------|--|------------|-------------------------|--|--|-------|------|----------|--|-------|-------|--------------|---|--------|-------|----------|--|--------|-------|----------|--|--------|--------|----------|
| Application Number      10/825,359-Conf. #8104   |            | Filed      April 16, 2004                  |              |  |            |                         |  |  |       |      |          |  |       |       |              |   |        |       |          |  |        |       |          |  |        |        |          |
| For <b>IMPLANTABLE DEVICE HAVING OSSEOINTEGRATING PROTUBERANCES</b>  |            |  |              |  |            |                         |  |  |       |      |          |  |       |       |              |   |        |       |          |  |        |       |          |  |        |        |          |
| Art Unit      3762   |            | Examiner      R. R. Holmes                 |              |  |            |                         |  |  |       |      |          |  |       |       |              |   |        |       |          |  |        |       |          |  |        |        |          |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%; text-align: center;"><u>Fee</u></th> <th style="width: 15%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$130</td> <td style="text-align: center;">\$65</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$490</td> <td style="text-align: center;">\$245</td> <td style="text-align: center;">\$    490.00</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1110</td> <td style="text-align: center;">\$555</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1730</td> <td style="text-align: center;">\$865</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2350</td> <td style="text-align: center;">\$1175</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number    22-0185    .</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the    <input type="checkbox"/>    applicant/inventor.</p> <p style="padding-left: 100px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="padding-left: 100px;"><input checked="" type="checkbox"/> attorney or agent of record. Registration Number    39,410</p> <p style="padding-left: 100px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34    _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;">_____/Michael G. Verga/<br/>Signature</p> <p style="text-align: center;">_____<br/>Michael G. Verga<br/>Typed or printed name</p> </div> <div style="width: 45%; text-align: center;"> <p>_____<br/>September 28, 2009<br/>Date</p> <p>_____<br/>(202) 331-7111<br/>Telephone Number</p> </div> </div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of    1    forms are submitted.</p> |            |  |              |  | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130 | \$65 | \$ _____ | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$490 | \$245 | \$    490.00 | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555 | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175 | \$ _____ |
|  | <u>Fee</u> | <u>Small Entity Fee</u>                    |              |  |            |                         |  |  |       |      |          |  |       |       |              |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$130      | \$65                                       | \$ _____     |  |            |                         |  |  |       |      |          |  |       |       |              |   |        |       |          |  |        |       |          |  |        |        |          |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$490      | \$245                                      | \$    490.00 |  |            |                         |  |  |       |      |          |  |       |       |              |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1110     | \$555                                      | \$ _____     |  |            |                         |  |  |       |      |          |  |       |       |              |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1730     | \$865                                      | \$ _____     |  |            |                         |  |  |       |      |          |  |       |       |              |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2350     | \$1175                                     | \$ _____     |  |            |                         |  |  |       |      |          |  |       |       |              |   |        |       |          |  |        |       |          |  |        |        |          |